death. Page 4

V\$ A15 (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10652

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH	. Mary's	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	- b	If institution: Re COUNTY	sidence before adm	
RURAL and give neo	ral - Bushwoo	d Life	c. CITY OR TOWN (If o	outside corporote lim			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, give stre	et oddress)	d. STREET ADDRESS			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Matthew	Middle Roosevelt	lost Bailey	4. DATE OF DEATH	Month Sept.	24	Yeor 19 <b>59</b>
5. SEX		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  June 6, 1875	last		NDER 1 YEAR IF UN nths Days Hour	_
10a. USUAL OCCUPATION during mast af workin	N (Give kind af wark dane ng life, even if retired)	b. KIND OF BUSINESS OR INDU	Maryland  14. MOTHER'S MAIDEN N		11:	2. CITIZEN OF WHA	COUNTRY
James	s H. Bailey			. Russell			
	yes, give war or doles of service)	0. 000	NFORMANT Irs. Catherine	Bailey,	Address	d, Maryla	ind
PART I. DEAT	H [Enter only one couse per H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (o), (b), and (c).]	e heart	feile	sie	INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if an gove rise to im cause (o), stoting the lying cause lost.	mediate ( DUE TO	generalise	1 2 rein	sclero.	513	20	415
PART II. OTHE	r significant condition	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease cont	dition given in	PER	S AUTOPS' FORMED?
PART II. OTHE	CAUSE OF DEATH	escribe how injury occurre	D. (Enter nature of injury in	Part I ar Port II of i	tem 18.)		
Y 20c. TIME OF INJURY Hour o. m. p. m.	Whi	f.	ACE OF INJURY (Home, farm ctary, street, office bldg., etc		rn)	(County)	(Stote
21. I certify the alive an	at I attended the dece		955, 19, to 20	1	auses and a		
PHYSICIAN'S NAME (Type)	eog W. To	Berube.	Me	chanicsvi	lle, Ma	ryland	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	9/28/59	22c. NAME OF CEMETERY C		22d. LOCATION (C		unty) (S Maryland	tote)
23. FUNERAL DIRECTOR'S W. Clar	signature ke Mattingley	ADDRESS	Md . 24a. REC	D BY REGISTRAR	24b. REGISTRAI	R'S SIGNATURE	

TOURS CENTERAL OF PLATE promak .de s' -me .us .agent parties to low long library of the second se Clarent Callette Demiron, Joseph Later Martin Martin College Section of A Charles of the latest and the second and

# may be retained the haspital or attending physician. **5 FUNERAL DIRACIOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, capers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. death. Page a 髓 078 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO HOSPITAL OF may be retain TO FUNERAL DI

VS A1S (4) 1SM 9/5S

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10653 CERTIFICATE OF DEATH

Reg. Dist. No. 10636

1. PLACE OF DEATH	. Marys		MARYLA		- CTATE	Mary		lived. If instituti b. COUNTY	St.	Mar		sion)
b. CITY OR TOWN (II	f autside carporate limi	its, write	c. LENGTH OF STAY IN	1 1b				ote limits, write R	URAL and		U	1)
RURAL and give ne			2000		<	Oak:	lev					
d. NAME OF HOSPIT	Al (If not in hospital a	give street	oddress)		d. STREET A					e	. IS RES	IDENCE
OR INSTITUTION	arys Hos	1+67				Rura	-1					FARM?
												I NO IXI
3. NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE OF	Mon	th	Day		Year
(Type or print)	Ruth	,	Dent		Burch		DEATH	Sept		3		19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH	1		<ol><li>AGE (In years last birthdoy)</li></ol>	Months			
F	W	WIDOWE	DIVORCED		7/30/	1890		69 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State	ar foreign ca	untry)	12. CI	TIZEN OF	WHAT	COUNTRY?
Housewi	ing life, even if retired	"	Domestic		Ma	rvla	n d			T	ISA	
13. FATHER'S NAME	16		Domestic	11	4. MOTHER'S						DA	
	Togonh I	I D	n+		T.		. T	Dont				
15. WAS DECEASED EVER	Joseph I			17. INFO		rane.	is L.	Dent	ress		-	
	If yes, give war or dates of t		ocure seconii i iio.			- T						
no				7	liott	E.	Burch	- Uakl	ey,	Md.		
		ouse per lin	ne for (a), (b), and (c).]					-/		ONSE	T AND	DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	0	icate ca	rclia	cd	e co	mepl	neater	7		17	11
422.	DUE TO					STEEL S	0					
Conditions, if an	nv. which )	. 0	Husbo toto	cose	ma,	RU	remi	a				
gave rise to in	mmediate (		Al U	Λ	,		4 \					
lying cause last.	the under-	(	inverior	clerc	vie C	rud	us			/	0	cree
_	) (c	101710116	CONTRIBUTION TO DEAT	11.0017.110	7 DEL 1 TEN 30	THE TERM	NAL DISEASE	COLUDITION		- 1/ 1/10	14116	AUTORCY.
PART II. OIH	ER SIGNIFICANT CON	2 SMOILIGH	ONTRIBUTING TO DEAT	H BUI NO	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	1 (0) 19	PERFC	RMED?
5 0	recetto	me	au ,	or	Van	us					YES	NO X
PART II. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY ÓCO	CURRED. (E	nter nature of	f injury in f	Part I ar Port	II of item 18.)				
3 20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. It	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (	dome, form	, 20f. (City	or town)	(	County)		(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While at worl	Not while	factory	, street, affice	bldg., etc.	)	2 4				
₹ p. m.		ar wor	k 🔲 dr work / 🛄 /		1/1	(	,	2 0	2			
21. I certify fit	at I attended the	decease	ed from	~	19.77	, 16	pro	185/	_,that I	last sav	w the	deceased
alive on	epro	195	In and that o	death oc	curred at.		_M, from	the causes	and on t	he date	state	ed above.
- ( )	li .	-	4	/			ADDRESS (SI	reet, city or town,	state)		D	ATE SIGNED
ACTUAL SIGNATURE	1) coy	Zu	yher	M.D	M	echar	nicsv	ille, M	d.	9/4	1/59	9
//	1	/	/								#W-3	*
NAME (Type)	J. Roy Gu	ythe	er, MD		M	echai	nicsv	ille, M	d.			
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	OF .	22c. NAME OF CEMET	ERY OR C	EMATORY		22d. LOCAT	ION (City, town,	or county)		(Stat	e)
REMOVAL (Specify)	9/6/	50						aklev.	Ma			
23. FUNERAL DIRECTOR		127	All Sai	ш, 3		24a REC'I	D BY REGIST		STRAR'S SI	GNATURE		
		T		3/2				ALL STREET		1750	L.Y	
P.B. Ro	Dinson -	reor	nardtown,	. DIVI		DATELL	1 0 '59	arth	w7 & +	hays.		

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	Transferred to the contract of
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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10637

	10034						9. 0		
, PLACE OF DEATH				o. STATE	(Where deceased live	I COLINIE		the state of the s	
	Mary's		ARYLAND	Maryland St. Mary's					
b. CITY OR TOWN (II  and give nearest town	fautside corporate limits, write RUR	c. LENGTH OF STA	AY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
Leonardto	own	3 yrs	3.	X Leona	rdtown				
	AL OR INSTITUTION (If no			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print)	First James	Alexandra	C	ountis	4. DATE OF DEATH	Month Sept	20,	· Year 1959	
. SEX	6. COLOR OR RACE 7.	MARRIED   NEVER MARI	RIED 🙀 8. I	DATE OF BIRTH	9. AC	hough do A		IF UNDER 24 HRS.	
Male	Colored WI	DOWED DIVORCE	ED 🗌 .	July 19. /		15 yrs. Mo	nths Days	Hours Min.	
Da. USUAL OCCUPATION	ON (Give kind of work done	106. KIND OF BUSINESS			ote or fareign country	) 1	2. CITIZEN OF	WHAT COUNTRY	
during most of working	or Day	farm		M	aryland		U.S.A		
3. FATHER'S NAME	Joi Day	raim		14. MOTHER'S MAIDE			0.00.2	1.	
J. FATHER S NAME						10.	7.		
£ 11/16 DE 22/2	Joseph I.				len <del>Counti</del>		,5 (1:	5	
5. WAS DECEASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY N		FORMANT		Address			
no		none	Jos	eph I. Cou	ntis Leona	rd town,	Md.		
18. CAUSE OF DEA	TH [Enter anily one cause p	er line for (o), (b), and (c).	]				INTERV	AL BETWEEN AND DEATH	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DRO	WIN	INC			7	AMTI	
9000		1110	10	// 10-			1.5	1116	
127.0	DUE TO								
Conditions, if a gave rise to imme									
(a), stating the									
cause last.	) (c)								
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE CON	IDITION GIVEN I	N PART 1(0) 19	WAS AUTOPSY PERFORMED?	
<u> </u>							Y	ES NO	
PART II. OTI	USE WAS NTRIBUTING [] 20b. D	DROWN		er nature of injury in	Part I or Part II of ite	m 18.)	NIN		
		20d. INJURY OCCURRED		OF INITIPY (Home 6	orm 205 (City or to	7 0 7	(County)	454-1-3	
20c. TIME OF INJU	CEDTA. EG	While Not while at wark at wark	factor	y, street, affice bldg.,	elc )	NARD		(Stale) Med	
21. I certify t	hot I took charge of	the remains describ	ed obov	e, held on Auto	psy , Inspec	tion D. I	nquiry (	and in my	
	resulted from: Not					-	* Petrol		
ACTUAL SIGNATURE	-MD	13en	/	M.D. CHIEF MEDICAL				DATE SIGNED	
EXAMINER'S NAME (Type)	William D.	Boyd M.D.			DICAL EXAMINER   AL EXAMINER		9	/22/5	
20. BURIAL, CREMATIC		22c. NAME OF CEN	METERY OR C	REMATORY	22d. LOCATION	Cily, tawn, or ca	unty)	(State)	
Burial (Specify)	9/23/59	St. Aloy	raine						
3. FUNERAL DIRECTOR		ADDRESS	DIUD	24c PI	EC'D BY REGISTRAR	town, Ma			
			W. C.		EP 2 5 '59	1	& Kranes		
W. Clarke	Mattingley L	sonardtown, N	aryla	ad DATE	SFL F 2 22		4		

	CERTIFICATE OF DEATH	AL EXAMINER	
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			The State of the Land of the L
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TO DE ATENDO	Mark Vistor		
		Reference of the second	Allows will be a beautiful and

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s estor, please ed ra your files.
Boord of Heolth,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is execute the ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be founded to the Chief Medical Examiner's Office along with form FM3. Page 5 may be retained rator FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 3 mad 2 with the State Boar or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 8M 2/57 8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	U	U	U
Pag	Diet	No			

1. PLACE OF DEATH o. COUNTY	t. Marv's		MARYLANG	O STATE	Mary]		sed lived. If inst b. COUN	VTY	dence bef	
b. CITY OR TOWN (IF		• RURAL	c. LENGTH OF STAY IN 16	c. CITY OR			porote limits, wri			
Leonardt	OFIN		3yrs	Leona	rdtown	1				
		If not in hos	pital, give street oddress)	d. STREET						e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir William	st	Middle Aloysius	Countis		4. DATE OF DEATH	Mo Sen		Doy	Yeor 19 50
5. SEX		7. MARRIE	D NEVER MARRIED				9. AGE (In years	IFUNDE	RIYEAR	IF UNDER 24 HRS.
Male	Colored	WIDOWED	44	Feb. 19	201.	1	lost birthday)	s. Months	Doys	Hours Min.
10a. USUAL OCCUPATIO during most of working Labor	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU Farm		ACE (Stote	or foreign o	A 1 1 2 1 1 2		TIZEN OF	F WHAT COUNTRY?
13. FATHER'S NAME			* CLT III	14. MOTHER'S			10		رم و ا	ik e
J	oseph I. Co	nuntia	1 5 1 5 6 9		Monre 1	Files	Curtis			
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.		INFORMANT	rial y	erren	Addre	295		
No	(If yes, give war or dates of	service)	J	oseph I.	Coun	tis I	Leonardt	own,	Md.	
18. CAUSE OF DEAT	H [Enter only one cau	use per line							INTER	VAL BETWEEN T AND DEATH
	H WAS CAUSED BY:		DROWNI	NC					UNSE	MMED
929.8	DUE TO									1116
Conditions, if or										
gove rise to immed (a), stating the u	iote couse									
couse lost.	(c)	)								
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION C	IVEN IN PA	RT 1(o) 1	P. WAS AUTOPSY PERFORMED?
2										res NO
PART II. OTH	SE WAS ITRIBUTING []	Ob. DESCRIBE	DROWNE	(Enter nature of in	jury in Port	F A	of item 18.)	P	ON	D
20c. TIME OF INJUR	Y Month, Day, Yes	- While	NJURY OCCURRED 20e. Pl	ACE OF INJURY (	Home, form, bldg., etc.)			OWN	SIM	LARYS ML
21. I certify th	at I toak charge	af the	emains described ab	ove, held an	Autapsy	/ [], [	nspection [	, Inqu	iry 💪	and in my
opinion death	resulted fram:	Natural d	causes , Accident	Suicid	e 🔲, 🕨	-lamicide	Unde	termined	manne	er 🔲
ACTUAL SIGNATURE	6/1	201	132	M.D.	AEDICAL EX	No.	2		-724	DATE SIGNED
EXAMINER'S NAME (Type)	William	D. Bo	yd M.D.		MEDICAL E				9/	22/59
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO	OF .	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCA	TION (City, town	n, or county)		(State)
Burial	9/23/59	)	St. Aloysiu	S		Leon	ardtown	9	laryl	
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			BY REGIST		GISTRAR'S S		RE
W.Clarke Ma	ttingley I	eonar	dtown. Maryla	nd	DAREP	2 5 '59	C.,	thun & 1	hours	

## HEALTH DEPT.

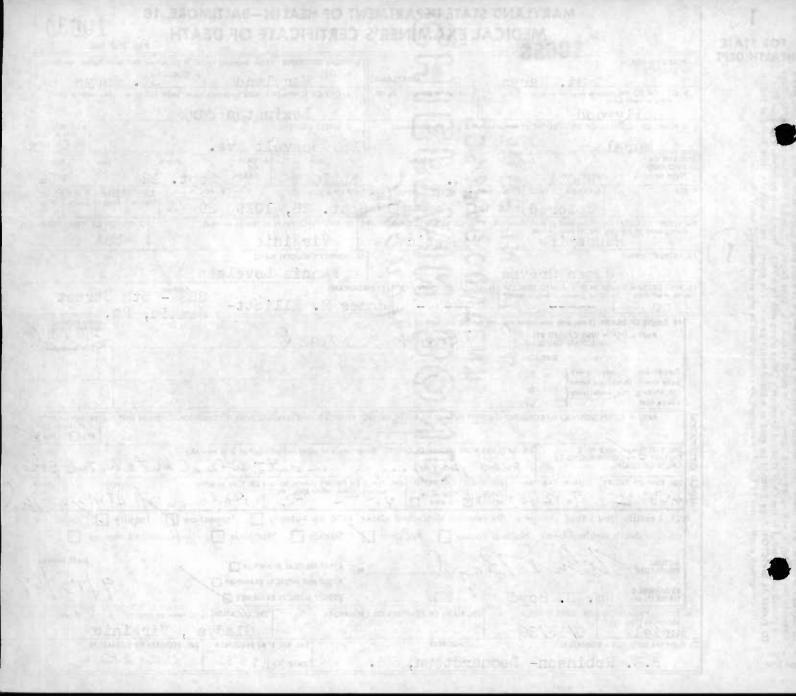
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10658 Reg. Disf. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTST. e. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lown) Hollywood Lexington Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosevelt Ave. YES NO Rural NAME OF DATE First Middle Month Yeor DECEASED (Type or print) DEATH RHODA ELLIOTT 1959 Sept. 12 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF SIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 29 WIDOWED DIVORCED [ Sept. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic USA Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie Loveless James Graves 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5th Street James R. Elliottno Rankin, Pa 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise ta immediate couse DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20d. INJURY OCCURRED factory, street, office bldg., While / of work of at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection cond in my Accident 12 Suicide . Homicide . Undetermined manner Notural causes ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [ **EXAMINER'S** D. Boyd MD DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Gladys ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circling & Kines DATE SEP 1 6 '59 P.B. Robinson- Leonardtown, Md.



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d be executed within 24 hours after death. If any delay is seary, please	pencil in Item, 18. Give Pages 1, 2, and 3 to the funer	it's Office along with farm PM3. Page 5 may be retained tell your files.	varial-transit permit. File pages 1 and 2 with the State Board of Health,	or removal, and in any event within 72 hours after death.	- Callina

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EPT. PLACE OF DEATH o. COUNTY

Clarke Mattingley Leonardtown, Maryland

10640

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTYSt. o. STATE MARYLAND St. Mary's Maryland b. CITY OR TOWN (If outside carporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give peorest town? Leonard town Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DECEASED First Middle 4. DATE Lost Month Year (Type or print) DEATH Sarah Elizabeth Holly 19 59 Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED [ DIVORCED Female Colored 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maid Home Leonard town U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Milds Sarah J. Ashton Joshuaa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) Leonardtown. Maryland No Alovsius Holly 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] ENTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO 7 200. EXTERNAL CAUSE WAS PRIMARY D 6 CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.1 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20g. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 3 and in my opinion death resulted from: Natural causes , Accident , Suicide | Homicide | Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER William D. Boyd. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Aloysius Md. Leonard town. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Civilian & Track

DATECT

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a side of the side	
CHARLES AND DE AS MATERIAL AND ASSESSMENT OF THE	

#### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ressary, please execute the ficate, writing the word "pending" in pendi in them. 18. Give Poges 1, 2, and 3 to therfuner ector. Page 4 should be accorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 16

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	40000				Reg	g. Dist. No	
PLACE OF DEATH	10000		2. USUAL RESIDENCE (V	Vhere deceased live	d. If institution: R	esidence bef	ore admission)
. COUNTY St	. Marv's	MARYLAND	o. STATE Maryland b. COUNTY St. Mary's				
b. CITY OR TOWN I	If outside corporate limits, write RL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II			-	-
Abell	n,	Life	X Rural	Abel	1		
	TAL OR INSTITUTION (IF I	at in hospital, give street address)	d. STREET ADDRESS	11001			ON A FARM?
3. NAME OF DECEASED (Type or print)	First Thurston	Middle Wilbert J	ames con	4. DATE OF DEATH S	Month	Doy	Year 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	. DATE OF BIRTH	9. AG	(In years IF UN	DER TYEAR	IF UNDER 24 HRS
Male	Colored	VIDOWED DIVORCED	Feb. 2, 1911		yrs. Month	hs Doys	Hours Min.
loo. USUAL OCCUPAT during most of worki Water	ng life, even if retired)	10b. KIND OF BUSINESS OR INDUST		or foreign country)	12.	U.S.	F WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			
	Philip Jame	eson	Sadie J	CEMERA Fi	lmore		
15. WAS DECEASED ET	/ER IN U. S. ARMED FORCE		NFORMANT		Address		
No			ward Jameson	Wash	ington,	D.C.	
Conditions, if gove rise to imme (a), stating the couse lost.	underlying DUE TO	IONS CONTRIBUTING TO DEATH BUT N	LOT BELLITED YO THE YEAR				
Š		IONS CONTRIBUTING TO BEATH BUT I	NOT KELATED TO THE TERM	INAL DISEASE CON	OTHON GIVEN IN		PERFORMED?
	NTRIBUTING []	SELF INF	LICTED	Tor Part II of item	OTEUN		
20c. TIME OF INJUNE OF INJUNE TO P. m.	0 2 .5	20d. INJURY OCCURRED 20e. PLA While Not while facts of work of wark	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or tow	n) LL 5	(County)	(State)
	hat I toak charge a resulted fram: Na	f the remains described aboutural causes, Accident [		· Land	Undetermine	d manne	and in my
ACTUAL SIGNATURE	Wins	Barel	_M.D. CHIEF MEDICAL EX		,	91	DATE SIGNED
EXAMINER'S NAME (Type)	William D. Bo	oyd M.D.	DEPUTY MEDICAL	EXAMINER		11	-115 (
220. BURIAL, CREMATION REMOVAL (Specify	ON. 226. DATE THEREOF	22c. NAME OF CEMETERY OR All Saints	CREMATORY	Oakley,	ity, town, or coun	ty)	(Stote) Md e
23. FUNERAL DIRECTO		ADDRESS	240. REC'I		246. REGISTRAR'S	SIGNATUR	E
W Claste Ma	ttingler le	onendtown Manualow	DATE OF	CT 1 '59	Clathua	2 4	
EXAMINER'S NAME (Type)  270. BURIAL, CREMATIC REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	9/26/59 R'S SIGNATURE	22c. NAME OF CEMETERY OR All Saints	ASSISTANT MEDICAL DEPUTY MEDICAL I	22d. LOCATION (CO Oakley,		SIGNATUR	Md.

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VS. A15ME

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	100	-	-		-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0659 DEATH

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY . Mary's MARYLAND St. Mary's Maryland b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Leonardtown 30min. Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO St. Mary's Hospital 4. DATE Year DECEASED Joseph B. (Type or print) DEATH September William Mattingly 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Hours WIDOWED | DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. School boy Washington D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Bertram Mattingly Mary Agnes Welch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address I'm, no, or unknown) No William B. Mattingly Leonardtown, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Om IMMEDIATE CAUSE (a) **DUE TO** Traumatin ampulation le Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) at work of at work 21. 1 certify that I tank charge of the remains described above, held an Autopsy . Inspection . Inquiry opinion death resulted fram: Natural causes . Accident A. Suicide ., Hamicide .. Undetermined manner ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER WIlliam D. Boyd M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) St. Aloysius Leonardtown. Md. Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 4 '59 arthur & Kraus W. Clarke Mattingley Leonardtown, Maryland

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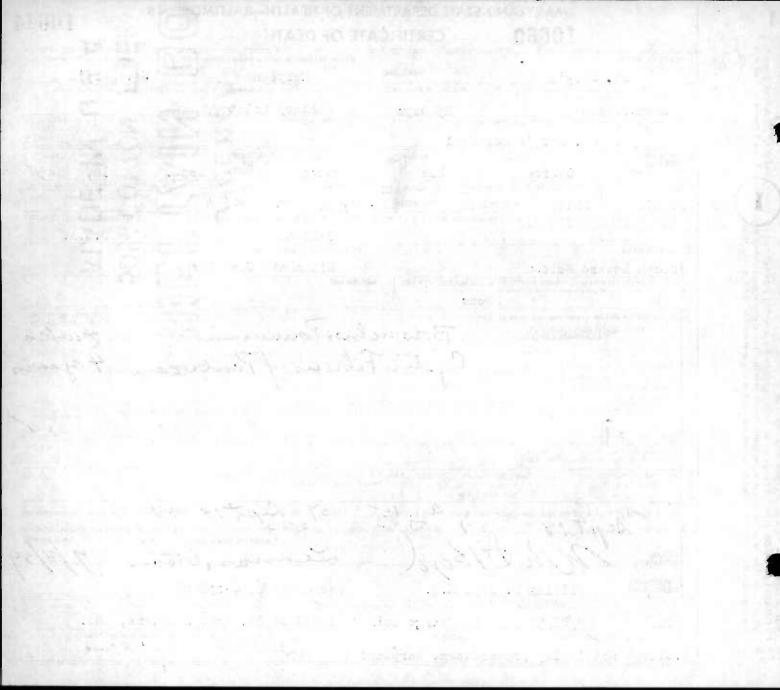
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10660

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

						Keg. Dist. 140	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W	here deceased l	ived. If institution b. COUNTY	on: Residence befo	ore odmission)
St.	Mary's	MARYLAND	Maryl	land	5, 60 6, 1, 1	St. Mar	ys
b. CITY OR TOWN (I	f autside corporate limits, write earest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		te limits, write R	JRAL ond give ne	earest town)
Leonardt		23 days	X Piney	Point			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street St. Mary 8 Hos		. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO T
		-		T			
B. NAME OF DECEASED (Type or print)	Sharon	Middle Lee	Nelson	4. DATE OF DEATH	Sept.	th Do	Year .
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	7	R IF UNDER 24 HRS.
Female	White widow	ED DIVORCED	July 1, 1955		last birthdoy) 4 yrs.	Months Days	Hours Min.
Oo. USUAL OCCUPATIO	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZEN O	F WHAT COUNTRY?
chi			Michigan			U.	S.A.
3. FATHER'S NAME		M 24 - V 10	14. MOTHER'S MAIDEN	NAME			
Joseph Edw	ard Nelson		Elizabet	h Gene	Poe		
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Addı	ess	
(Yes, no, or unknown) No	(If yes, give war or dates of service)	Ione			COL		140
18. CAUSE OF DEA	TH [Enter only one couse per li	ine far (a), (b), ond (c).]		-1171			TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Brunn	chise men		-	ON	SEI AND DEATH
587.0	DUE TO			17)		/	who
Canadistana is a		C Ti-	Film or -	07	0.	4	t 11
Conditions, if a gave rise to i	mmediate	your	wines -	1 1.an	ree-	-	year
cause (a), stating		1	7				
lying couse lost.	) (c)						
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3						AUT I ST	YES NO
PART II. OTH	S UNDERLYING TO 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Port I	l of item 18.)		
4 20c. TIME OF INJUR	Y Month, Doy, Yeor 20d. I	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	m, 20f. (City o	r tawn)	(County)	) (State)
20c. TIME OF INJUR Hour a. m. p. m.	19 While of war	Nat while fo	ctory, street, office bldg., etc		. rown,	(Coomy)	(3,0,0)
21 I certify th	at I attended the deceas	ed from alexa 15	1957 to K	lent.	18 1046	that I last ear	w the deceased
alive on Aa	1 1 9 10	A comment of the comm	accurred at 8.50	W. C			
dire di	1	z, und matuean	decorred di sassa		et, city or town,		DATE SIGNED
ACTUAL	1. 11 M	7/2 11	Yo.	1.001.00 (3110	A L		03/21/2
SIGNATURE	MINN	1-cm	M.D.	nuz	relia	<u> </u>	1-1-1-5
PHYSICIAN'S NAME (Type)	William D. B.	oyd M.D.	Leonardto	wn, Mar	yland		, ,
20. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			ON (City, town,	or county)	(State)
Burial (Specify)		St George Isl					d.
3. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		ID DV DEGISTO		TRAR'S SIGNATU	JRE
W. Clarke Me	ttingles Lean-	ndtorm Manyla	CF.	P 2 5 '59		in I Than	44
HOTHIKE ME	attingley Leona	ru cown, maryla	II DAIE				



VS A15 (4) 15M 9/58

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

	10661		CERTI	FICA	ATE OF DE	ATH			Reg. Dis	st. No.	10	545
1. PLACE OF DEATH a. COUNTY	Marv's		MARY	LAND	2. USUAL RESIDEN o. STATE	CE (When		h COUNTY		ce befor	re admiss	
b. CITY OR TOWN	(If autside corporate lim	its, write	c. LENGTH OF STAY	IN 16				ate limits, write R				n)
	hanicsville TAL (If not in haspital,		17 yrs		X Rural	RESS	Mech	anicsvil	le		e. IS RES	SIDENCE
OR INSTITUTION				5 4					44.		ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fi Henry	rst	Middle Richard		Quade	4	4. DATE OF DEATH	Mon Septemb		29.		Year 19 59
5. SEX		7. MARR	IED NEVER MARRIE	D 🔲	B. DATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER	-		T
Male	White	WIDOWE	D DIVORCE		Aug.22,	1910		49 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of wark rking life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUS	STRY 11. BIRTHPLACE	E (Stote or	fareign co	untry)	12. CITI	ZENOF	WHAT	OUNTRY
Fari		"			ar	rylan	d		U	.S.A		
13. FATHER'S NAME					14. MOTHER'S MA				1193			
Rich	nard C. Qua	de			Alice	Russ	ell					
	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.		NFORMANT			Add	ress			
No.	(If yes, give wor or dates of	5	79 07 9836	H.	Madeline	Quad	e Me	chanicsv	ille.	Mar	rvla	nd
	ATH [Enter only one co	ouse per lin	e far (a), (b), and (c).]							INTE	RVAL BE	ETWEEN
PART I. DE	ATH WAS CAUSED BY:	-1	Carcino	in	of u	nder	lerne	ned oris	in	ONS	ET AND	DEATH
199.2	DUE TO		Carcono		erolized in biop			0			-	
Canditions, if	one which \		Titl o	20 -	as obiged	m	etas	Hasis		/	0 1	Nos
gave rise to	immediate (	,	win	2	er and you		1	,				
lying cause lost	rne under-	-1	prove	4 7	y acop	say	of	ung-				
PART II. OT	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH	IE TERMIN	AL DISEASE	CONDITION GIV	'EN IN PAR'	r 1(o) 1	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	'AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of in	ijury in Po	rt I or Part	II of item 18.)				
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Doy, Ye	While	NJURY OCCURRED Not while at work	20e. PL/ foo	ACE OF INJURY (Hon tory, street, office blo	ne, farm, dg., etc.)	20f. (City	ar tawn}	(0	County)		(Stote
21. I certify t	hat I attended the	decease	ed fram Mov	- 1	, 1958, 1	to Se	pr 29	1958	that I la	st saw	the d	lecease
alive an	Sept 15	195	9, and that	death	occurred at							
ACTUAL SIGNATURE	May G	~ Y	her-		M.D. Me			eet, city or town,		h	O PAT	0/3/S
PHYSICIAN'S	. Roy Guytl	ner M.	D.			echar	icsvi	lle, Mar	yland			
220. BURIAL, CREMATIO			22c. NAME OF CEME	TERY O				ON (City, tawn,			(Stat	te)
Burial (Specify			St. Jose		CREMINIORI			anza,			Mary	land
23. FUNERAL DIRECTO	1.		ADDRESS			la. REC'D	BY REGISTR		STRAR'S SIG			-5,77
W. Clarke M	attingley I	eonar	dtown, Mar;	ylan	id DA	ATE O	T 7'	59 6	Lithun 2	₹ 7UU	JACAS .	

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#### FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is assary, please execute the cost, writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral certar. Page 4 should be resworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 I DESMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	TOOP				Reg. Dist. No.
PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived. If institu	utian: Residence before admission)
St.	Marv's	MARYLAND	a. STATE Ma	ryland b. COUNT	St. Mary's
b. CITY OR TOWN (	If autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		(If outside carporole limits, write	RURAL and give nearest town)
Leonard		5yrs.	X Leonar		REPORT OF THE PARTY OF THE PART
	TAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENC
			1		YES X NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	h Doy Yeor
(Type or print)	Thomas	Lynwood	Short	DEATH Sept.	20, 1959
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 2 8.	DATE OF BIRTH	9. AGE (In years	IFUNDER TYEAR IF UNDER 24 HR
Male	Colored WIDO	WED DIVORCED	June 4, 19	48 loss birthday) 11yrs.	Months Days Hours Min.
On USUAL OCCUPATI	ON (Give kind of wark done 10 ng life, even if retired)	6. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	ite or foreign country)	12. CITIZEN OF WHAT COUNT
	ol Child			Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Francis T. Da	de		garet Helen Sho	n+
15. WAS DECEASED FY			IFORMANT	×	I C
(Yes, no. or unknown)	(If yes, give war or dates of service)		100	Address	-ma Manuel -ma
No			garet H. Yo	ung beonarato	wn, Maryland
	ATH [Enfer anly one cause per l	ine for (o), (b), and (c).]			INTERVAL BETWEEN CINSET AND DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DROWN	INA		IMMET
929	Q DUE TO				
Conditions, if	ony, which) (b)				
gave rise to imme	diote cause				
(a), stating the cause last.	Onderlying .				
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT PELATED TO THE TER	MINIAI DISEASE CONDITION CIV	(EN IN PART 1(a) 19. WAS AUTOPSY
P P P P P P P P P P P P P P P P P P P	THE STOTAL CONTINUES	CONTRIBUTION TO DEATH BUT IN	OI KELAILU IO INE IEK	MINAL DISEASE CONDITION GIV	PERFORMED?
5					YES NO
PART II, OT	USE WAS 206. DESC	RIBE HOW INJURY OCCURRED. (E	nter noture of injury in P	art I ar Part II of item 18.)	
		NKOWNED	IN	TARM 1	ONIS
20c. TIME OF INJU	IRY Month, Doy, Yeor 20	d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fo	rm, 20f. (City or tawn)	(County) (Slote)
Hour a. m.	SEPT 20 1954 W	hile Nat white racto	ry, street, affice bldg., e	LEDNARDIN	IN ST MARKS M.
		e remains described obo	e held on Autor	osy . Inspection .	In a star of the s
					Inquiry and in m
opinion deom	resulted fram: Noture	al causes [], Accident [	, Suicide ,	Hamicide, Undete	rmined monner
ACTUAL	////	1/2	Branch Street	Marie Carlo	DATE SIGNED
SIGNATURE	11/11/1	200	M.D. CHIEF MEDICAL	EXAMINER	/
EXAMINER'S		10	ASSISTANT MEDI	CAL EXAMINER	9/27/6
NAME (Type)	William D. Bo	yd M.D.	DEPUTY MEDICA	L EXAMINER	1/20/3
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, o	or county) (Stole)
Burial	9/23/59	St. Aloysius		Leonardtown,	Md.
3. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	240. RE		STRAR'S SIGNATURE
W 03 . 1 . 2					ing & Kroug
W. Clarke	Mattingley Leon	aratown. Ma.	DATED	1 2 3 3 3	AND TOTAL PROPERTY

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10647

0663	CERTIFICATE (	OF	<b>DEATH</b>
1111111			

Reg Dist No.

	1000	-						Keg. Disi	. 140.			
1. PLACE OF DEATH a. COUNTY	Mary's	•	MARYLA		USUAL RESIDENCE a. STATE	(Where decease	ed lived. If institut b. COUNTY	on: Residence				
b. CITY OR TOWN RURAL and give	(If outside corporate lim neorest town)	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)							
	Jrayden		gvrs.		Rural	Drayd	en					
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, (	give street	address)		d. STREET ADDRESS e. IS							
3. NAME OF DECEASED (Type or print)	Ernest	rst	Minfield		lost Slusser	4. DATE OF DEAT	Mo H September		Doy 19,	Year 19 59		
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF L	UNDER 24 HRS.		
Male	White	WIDOW	ED DIVORCED [	0	t.7.1917		41 yrs.		Days Ho	ours Min.		
10a. USUAL OCCUPATI	ON (Give kind of wark rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (S	tate ar foreign	country)	12. CITIZ	EN OF WH	HAT COUNTRY?		
Motel & Res		'	Owner		Lexing	ton Vi	roinia	U.	S. I	A.		
13. FATHER'S NAME			- · · · · · · · · · · · · · · · · · · ·	1.	. MOTHER'S MAIDE		-5-11-4					
Н	larry C. Slu	sser			Berths	c. Da	niel					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Ado	ress				
Yes	(If yes, give war ar dates of s		27-07-3970	Mrs	Enid G.Sl	usser D	rayden, l	larylar	nd			
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]	- 1 1 1	2					L BETWEEN		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	oronary	Of.	rest				ONSEL	AND DEATH		
420.1	DUE TO									us.		
Canditions, if		(		1.					4-0	111		
gove rise to	immediate (	,	To many of	- Oli	in s				-	1-4-5		
cause (o), stating	the under DUE TO											
lying cause last.	- (0											
ATION OF THE PROPERTY OF	HER SIGNIFICANT CON	ell	ONTRIBUTING TO DEATH	L BUT NOT	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	/EN IN PART	PI	VAS AUTOPSY ERFORMED? S NO D		
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury	in Port I or Po	ort II of item 18.)					
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED  Not while k at work	e. PLACE foctory.	OF INJURY (Home, f street, office bldg.,	form, 20f. (Ci	ty or town)	(Co	ounty)	(Stote)		
21 L continue	hat I attanded the	danasa	ad Com By XI	6.	105/	Au t	-10 :00	/u				
			ed fram									
alive an	10	, 19_	19, and that de	eath ac	curred at 71				date sto	ated abave.		
ACTUAL		,	01-1		0.	ADDRESS (	Street city or town,	state)	-	DATE SIGNED		
ACTUAL SIGNATURE			Dean	M.D.	Jan	Mus	u m	<u> </u>	9/	20159		
PHYSICIAN'S NAME (Type)	P.J.Bean M	.D	0		Great	Mills,	Maryland	1	1	/ (		
22a. BURIAL, CREMATIC		)F	22c. NAME OF CEMETER	RY OR CR			ATION (City, town,			(State)		
Burial (Specify	9/22/59		St. George Er				ey Lee.	.,,	Md.			
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			EC'D BY REGIS	* -	STRAR'S SIGN				
W. Clarke M.	+++		dtown. Maryl			P 2 5 '59		mg & the				
HOUTSIKE ME	accing tev L	eonar	OTOWN. Marvi	เอทก	DAGE	_1 ~ 0 00						

TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

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and Drund . . I Light of March

VS A1S (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	1064	37.	CERTIFICA		OI DEAI			Reg. D	ist. No.			
1. PLACE OF DEATH o. COUNTY	St. Mary's	14	MARYLAND		UAL RESIDENCE (M STATE Mary)		d lived. If institution b. COUNTY	on: Reside	nce befor	e admiss	ion)	
b. CITY OR TOWN (II	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c.			rote limits, write R	its, write RURAL and give nearest town)				
RURAL ond give ne Leonardto			7 weeks	1×	Colton	Point						
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol,		oddress)	/ d.	STREET ADDRESS	- 01110					FARM?	
	Mary's Ho			11								
3. NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Mon		Day		Year	
(Type or print)	Willia		Clarence		dburn	DEATH	Septem		23		1959	
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE	E OF BIRTH	3.0	9. AGE (In years lost birthdoy)	Months	R 1 YEAR Doys	Hours	Min.	
Male	White	WIDOW	ED DIVORCED	Sep	t. 30,188	34	74 yrs.					
10o. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDL	ISTRY 1	1. BIRTHPLACE (Stot	te or foreign c	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY	
Hotel	ing the, even it felliot	-1			Marv	land			U.S	.A.		
3. FATHER'S NAME	* (1)			14. /	MOTHER'S MAIDEN	NAME						
Georg	ge M. Woodl	111227			Soroh	M. Car	ter					
IS. WAS DECEASED EVER			SOCIAL SECURITY NO.	INFORM		A-10 - C(1.	Add	ress				
	If yes, give war or dates of	service)	77 00 00 <b>6</b> 0 F1	4 1	ath D M	T.	dd Ua-	3 15.		- A		
No				1 zac	eth R. Wo	00a 11	idian nea	J. M.				
		ouse per li	ne for (o), (b), ond (c).]		1	1-			ONS	RVAL BE	DEATH	
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	0) (0	ancino,	211	ato	200						
155.1	DUE TO	00			1	.00	00 1					
Conditions, if or	ny, which }	b) /	u weak	11	0 ku	over	by h	Cris				
gove rise to in	mmediate ( DUE T		1100	20 /	KAID	0 1			9	700		
lying couse lost.	rne <u>Under-</u>	cl	the and	1 4	1241111	21001	1 1					
PART II. OTH	ER SIGNIFICANT COM	NDITIONS (	CONTRIBUTING TO DEATH BU	T NOT R	ELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO YES [	DRMED?	
20g. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Ente	r noture of injury in	n Port I or Por	t II of item 1B.)			144		
	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	While	6.		INJURY (Home, for reet, office bldg., e		or town)		(County)		(Stot	
	and the same and and sales		62 0 1	)	1059 40 6	3 . 2	2 105	71-11		All a s		
. 9	at Lattended the	deceas	~ 11 ( ) V	/	19.1.7, ta_5	1)	3, 19_]					
alive an	7-6	, 19_	17, and that deat	h accu	rred at		the causes ar		ne date		d abav TE SIGNI	
ACTUAL SIGNATURE	- Jan	a	di	_ M.D. ,_		ADDRESS (5		siole)	9	.26	5, 1	
PHYSICIAN'S NAME (Type)	Abdussar	ned Sa	amadi M.D.		Leonard	ltown,	Maryland				/	
220. BURIAL, CREMATIO	N, 22b. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREW	MATORY	22d. LOCA	TION (City, town,	or county)		(Stol	le)	
Burial (Specify)	9/26/59		Old Field			Hug	ghesville	2	1	Id.		
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		24a. RE	C'D BY REGIS	TRAR 24b. REGI	STRAR'S S	IGNATUI	RE		
W. Clarke	Mottingley	Leon	ardtown Md.		DATE		EO .	rthur	\$ 16-	4.6		

